

CHIEF ADMINISTRATIVE OFFICER
COUNTY OF LOS ANGELES

713 HALL OF ADMINISTRATION / LOS ANGELES, CALIFORNIA 90012
974-1101

77 01527

December 13, 1976

HARRY L. HUFFORD
CHIEF ADMINISTRATIVE OFFICER

HONORABLE BOARD OF SUPERVISORS
County of Los Angeles
383 Hall of Administration

Gentlemen:

REPORT AND RECOMMENDATIONS RE CONSOLIDATION OF
HEALTH FACILITIES AND COMMUNITY CARE LICENSING ACTIVITIES

In recent months, the Board has expressed growing concern over the quality of personal and medical services provided the elderly, disabled and children placed in privately operated, out-of-home care facilities. While skilled nursing homes and children's institutions--two types of such facilities--have been the subject of recent attention, board and care homes, General Relief (GR)-Hotels and foster homes have also been the source of recurring complaints regarding poor sanitation and inadequate care and supervision.

Historically, as problems of this nature surfaced, involved departments have taken immediate administrative action to correct specific deficiencies. However, because the same types of problems seem to develop and reach serious proportions on a recurring basis, it seems clear that the underlying causes of these difficulties have not been addressed.

Accordingly, we have jointly conducted an in-depth review of licensing and enforcement programs governing these facilities in Los Angeles County with all affected County departments and recommend that the Board:

1. Adopt a reorganization concept calling for consolidation of County out-of-home care licensing and monitoring programs in a single department.
2. Instruct the Chairman to sign the attached letters to the Director of Health, State Department of Health; and Director, Office of Long Term Care, Department of Health, Education and Welfare seeking needed State/Federal concurrence.

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3. Contingent upon State/Federal approval, instruct the Chief Administrative Office and involved departments to submit an implementation plan at the earliest date.

These recommendations are based on the following major conclusions:

1. Responsibility for the administration of County out-of-home care licensing and enforcement programs is delegated to DPSS and Health Services--two of the largest and most complex County departments. As a practical matter and due to conflicting and more compelling priorities, it has not been possible for these relatively small programs to receive the degree of continuing top management attention dictated by public and Board concerns.
2. The fragmentation of licensing and monitoring activity among involved departments has resulted in less than a unified approach to regulation enforcement and acceptable placement criteria.
3. The most viable alternative for a permanent solution is the consolidation of these programs in a new department where the operations of an intensified and cohesive licensing and monitoring program will be the prime operational objective. This will continue efforts toward divesting Health Services of non-direct care services as indicated in my May 22, 1975 report to your Board.
4. Efforts to consolidate these activities is consistent with Supervisor Hayes motion of November 30, 1976 calling for my office to develop an overall County organization plan. With Board approval of this report we will initiate implementation planning which will include consideration for the establishment of this activity as an independent County department or as a major unit within a larger department, which would consolidate several existing County departments.

Consolidation of these functions will bring together budgeted expenditures of \$6.0 million and 293 positions now scattered in five departments and will be established without net increases in County costs or personnel.

This proposal has been jointly developed by DPSS, Health Services, Adoptions, Probation, Public Guardian and the Chief Administrative Office and has been reviewed by County Counsel.

General Program Concept

The proposed organization is envisioned as the single County agent responsible for ensuring compliance with appropriate State and County regulations governing adult/children's out-of-home care facilities licensed by the County or utilized for the placement of County wards. In this connection, its director will determine when such facilities are suitable for County use regardless of the licensing status. Such determination will be based on the results of inspections conducted by staff of the new organization, coordination with State licensing agencies, and recommendations from County placement departments. Decisions of the director will be binding on all County placement agencies, including Public Guardian, DPSS, Adoptions, Health Services, and Probation.

These responsibilities are not intended to encroach upon the case-work decisions involving the selection of specific facilities to meet the needs of individual clients. Such decisions will remain within the authority of the separate County placement agencies.

Further, it will be the responsibility of this organization to complete annual assessments and recommendations to the CAO and other involved departments on all out-of-home care facilities with which the County contracts for services. These recommendations will be a major determinant in the setting of reimbursement rates and future contracts for services.

In coordination with County placement agencies, the organization will also be responsible for formulating regulatory, legislative, and program recommendations to the Board intended to strengthen the surveillance of involved facilities and more uniform enforcement of applicable regulations.

Proposed Action Plan

The State is designated total statutory authority for the licensing and monitoring of all out-of-home care facilities. Similarly, related Medi-Care/Medi-Cal provider certifications handled by the County are State/Federal responsibility. Provisions of the Health

and Safety Code permit delegation of these activities to local health and social welfare departments. Accordingly, with Board concurrence, we must first seek State and Federal approval for the proposed reorganization and anticipated levels of reimbursement. With this authorization, we will move quickly to develop a definitive implementation plan for Board approval. A more detailed report is attached.

Very truly yours,

Harry L. Hufford

HARRY L. HUFFORD

Chief Administrative Officer

HLH:DRS

VGT:p

Attachments

cc: Each Supervisor

County Counsel

Involved Departments

Mr. Harold M. Coleman, Director
Department of Health, Education
and Welfare
Office of Long Term Care
500 Fulton Street
San Francisco, California 94102

Dear Mr. Coleman:

On _____, the Los Angeles County Board of Supervisors approved the attached report on the consolidation of out-of-home care licensing and monitoring programs currently operated by the County. These proposals also cover the Medi-Care provider certifications we administer as a State delegate agency. Since this is a Federal program, we are seeking your authorization to proceed. A similar letter of request has been sent to Dr. Jerome Lackner, Director of Health, State Department of Health, and Mrs. Mercia Kahn, Regional Representative, Bureau of Health Insurance.

As discussed in the Chief Administrative Officer's report, the proposed reorganization will consolidate the health facilities, board and care, and foster home licensing programs and related activities in a new County department. Through this effort we intend to develop a uniform enforcement thrust, improve management efficiency and facilitate Board policy direction. We anticipate implementing this program within existing State/Federal reimbursement levels.

Upon receipt of a favorable response from your office, we will direct the Chief Administrative Officer to coordinate a joint planning effort involving representatives from your department and other concerned agencies to oversee implementation.

Because of our desire to move quickly on this project, we would appreciate an early response to this request. If you require additional information, please contact Mr. Harry L. Hufford, Chief Administrative Officer, at (213) 974-1101.

Very truly yours,

Edmund D. Edelman, Chairman
Los Angeles County
Board of Supervisors

Attachment

Dr. Jerome Lackner
Director of Health
State Department of Health
714 P Street
Sacramento, California 96814

Dear Dr. Lackner:

On , the Los Angeles County Board of Supervisors approved the attached report on the consolidation of out-of-home care licensing and monitoring programs currently operated by the County. Since we operate these activities under delegated authority from the State, we are seeking your review and approval of these proposals. A similar letter of request has been sent to Mr. Harold M. Coleman, Director, Office of Long Term Care, and Mrs. Mercia Kahn, Regional Representative, Bureau of Health Insurance, concerning the Medi-Care provider certifications also covered under these proposals.

As discussed in the Chief Administrative Officer's report, the proposed reorganization will consolidate the health facilities, board and care, and foster home licensing programs and related activities in a new County department. Through this effort we intend to develop a uniform enforcement thrust, improve management efficiency and facilitate Board policy direction. We anticipate implementing this program within existing State/Federal reimbursement levels.

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Very truly yours,

Edmund D. Edelman, Chairman
Los Angeles County
Board of Supervisors

Attachment

Mr. [Name] [Address]
[City] [State] [Zip]
[Phone Number]

Date: [Date]

Dear Mr. [Name]:
I am writing to you regarding the [Topic] of [Subject].
I am pleased to hear that you are interested in [Topic].
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I am pleased to hear that you are interested in [Topic].

Very truly yours,
[Signature]

James E. [Name]
[Address]
[City] [State] [Zip]

Enclosure

Mrs. Mercia Kahn
Regional Representative
Bureau of Health Insurance
Department of Health, Education
and Welfare
100 Van Ness Avenue
San Francisco, California 94102

Dear Mrs. Kahn:

On _____, the Los Angeles County Board of Supervisors approved the attached report on the consolidation of out-of-home care licensing and monitoring programs currently operated by the County. These proposals also cover the Medi-Care provider certifications we administer as a State delegate agency. Since this is a Federal program, we are seeking your authorization to proceed. A similar letter of request has been sent to Dr. Jerome Lackner, Director of Health, State Department of Health, and Mr. Harold M. Coleman, Director, Department of Health, Education and Welfare, Office of Long Term Care.

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Edmund D. Edelman, Chairman
Los Angeles County
Board of Supervisors

Attachment

SUMMARY ANALYSIS
HEALTH FACILITIES-COMMUNITY CARE
LICENSING DEPARTMENT

I. Background Information

Los Angeles County administers twenty-one different programs in four departments intended to regulate the health, safety, sanitation, and medical/personal services provided the elderly, disabled and children housed in out-of-home care facilities. DPSS and Health Services Departments, operating as delegate agents of the State, have primary responsibility for the administration of these programs. Probation and Adoptions Departments as sub-agents of DPSS conducted licensing evaluations of foster homes and day care homes to be used for their own programs until July 1976. Due to staff reductions, DPSS now licenses these facilities though they continue to be used for Adoptions and Probation placement. Licensing activity operated by the County covers skilled nursing facilities, selected board and care establishments, day care and foster homes. These programs and related activity entail a gross annual expenditure of about \$5.8 million, and involve 278 County personnel located in twenty-three office locations. Approximately 9,891 private establishments with a total bed capacity of 103,000 are involved.

Larger board and care, children's institutions and certain specialized facilities, representing about 2,000 establishments and 86,000 beds, are licensed and monitored by the State Department of Health. State licensing of these locations and County handling of remaining programs as discussed above has led to some public confusion, and uneven enforcement practices. Should the Board adopt proposals as contained in this report, it would be appropriate to explore a total County takeover of all out-of-home licensing programs at some future time.

II. Areas of Recent Board of Supervisors and Public Concern

As an outgrowth of public hearings conducted by Supervisor Ward and a series of investigations supervised by his staff, a host of deplorable conditions surfaced in skilled nursing facilities in late 1974. Covering the full spectrum of patient services, these problems ranged from sub-standard medical, nursing, sanitation and dietary services, to indifference to patient safety and outright physical abuse of patients. Of even greater concern are the number of patient deaths from uncertain means that have surfaced.

Through a series of reports, the Board has been advised of actions taken by this office and Health Services Department to strengthen the monitoring of these facilities, and to intensify the enforcement of sanctions, and prosecution of criminal violations. With heightened public attention, and intensified investigation, the number and seriousness of complaints and deficiencies have increased. Further, and due primarily to strengthened enforcement efforts, a high percentage of the 430 licensed facilities have been placed on the Central Registry "Do Not Refer" list for suspected violations.

Investigations conducted by Supervisor Hayes, also revealed a wide range of equally deplorable conditions in licensed child care institutions used for the placement of children supervised by County departments. Since these facilities are administratively licensed by the State, there is no direct action the County can take to intensify enforcement of State regulations. However, a series of measures have been taken to strengthen the monitoring of these facilities, and to elevate standards for determining the adequacy of given establishments for County use.

Similar problems in board and care, GR hotels and other out-of-home care facilities have come to the Board's attention on a recurring basis over the years. Since persons housed in these establishments also lack physical, mental and/or economic independence, and are subject to similar abuses, sub-standard conditions in these facilities are of equal concern.

III. Problem Areas in Program Administration

Recurring problems of sub-standard services in out-of-home care facilities appear to stem from an absence of consistent, vigorous enforcement of State licensing regulations at levels acceptable to the Board. The essential reasons for this are discussed below.

A. State Underfunding of Enforcement Activity

State out-of-home care licensing programs operated by the County will entail a 1976-77 \$5.8 million gross expenditure, of which \$1.5 million is funded by the County. Essentially, the level of funding authorized by the State determines the scope and depth of facility monitoring and follow-up investigations. Historically, State revenues have allowed for less than adequate annual inspections, and limited funds for specialized investigative staff.

A similar situation appears to exist with funding of the State administered Child Care Institution licensing program. Sub-standard conditions found by Supervisor Hayes' office in a number of facilities with valid State licenses may be due to infrequent monitoring by State personnel.

Reorganization of County programs will not directly affect the level of State funding. However, centralizing this activity in a new department will facilitate the identification of policy issues related to effective program administration (e.g., inadequate State funding) and referral of these matters to the Board for policy determination.

B. Need for Close Direction by Top Management

The level of Board and public concern for the administration of a more intensive licensing and enforcement program for nursing homes and other out-of-home care facilities demands that these programs receive close attention by top management of involved departments on a continuing basis. This is necessary to ensure that policy issues surface to the Board in a timely manner, accountability is specific, and responsiveness to Board direction is immediate and effective.

Based on the demands placed on the principal departments, DPSS and Health Services, the level of top management attention required by these programs is not practical.

In terms of perspective, the Health Facilities Division, Health Services Department, which licenses skilled nursing homes has an annual budget of \$3.1 million and 116 personnel. The total department has a staff of 24,753 employees, and a \$659.1 million operating budget. Organizationally, and due to recent internal adjustments, the head of this division reports directly to the Chief Deputy Director of the department. This adjustment is a result of pressures in recent months to strengthen the management of that unit. While this organizational plan will serve short term management needs, the demands of other more complex issues will eventually make it impractical for the chief deputy to devote inordinate blocks of time to this single program activity.

A similar situation exists with DPSS. The Licensing Programs Division of DPSS, which licenses board and care and foster homes has an annual budget of \$2.3 million and 144 personnel. Organizationally, the head of this division reports to one of five Bureau Chiefs in the department. The total department has a staff of 13,113 employees and \$174.3 million operating budget.

A further investigation was made to determine the extent of the damage to the structure of the building. The results of the investigation are as follows: The structure of the building is in good condition and the damage is limited to the exterior walls and the roof. The damage is caused by the action of the weather and the action of the water. The damage is not serious and it can be repaired by the use of the proper materials and the proper methods.

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Further, the department's separate aid payments budget of \$839.6 million covers welfare issuances to about 422,000 families monthly. These aid programs are complex, fraught with administrative problems, and represent a significant portion of the local tax levy. Of necessity, these programs must be of prime, continuing concern to the department management.

C. Fragmented Programming

The involvement of four County departments in out-of-home licensing activity has required close coordination to ensure effective program administration. This has been particularly true in areas involving interdepartmental sharing of information regarding sub-standard care. Recommendations of Supervisor Edelman to strengthen the DPSS Central Registry, and proposals by Supervisor Ward to automate nursing home information and referral services, both adopted in September 1975, were a direct result of problems in this area.

Further, DPSS, Probation, and Adoptions have created a standing committee to deal with matters related to the quality of care provided by child care institutions licensed by the State. Because of different program objectives and target populations, it has often been difficult for these departments to agree on program priorities or measures to correct given problem areas.

Difficulties in this area prompted Board approval of a motion by Supervisor Hayes to create a County Commission on Children's Institutions to develop a set of uniform operational standards by which the suitability of private child care institutions can be evaluated for County use.

Under the current program arrangement, these standards will be administered by an interdepartmental committee, or one of the involved departments. Either option will place added strain on the existing communications/coordination problems between these departments.

Further and of equal importance, fragmented programming has precluded a unified County policy thrust. This is due in large part to the fact that problems have surfaced to the Board's attention piecemeal and corrective actions have related to specific deficiencies in individual programs. Currently, for example, a number of measures have been taken to strengthen the nursing home licensing program. But, these improvements have not been extended to other County programs where the opportunity for abuse is just as great.

IV. Survey of California Counties

Los Angeles is the only County in the State authorized to inspect and monitor skilled nursing homes. Other selected counties do administer board and care, day care and foster home licensing programs.

To obtain information on the experiences of other jurisdictions with out-of-home care licensing programs, we surveyed five counties of varying sizes, including Fresno, San Diego, Tulare, San Luis Obispo, and Orange. While the responses from these counties are mixed, there appears to be general agreement on two points: (1) State funding of out-of-home care licensing programs is inadequate and (2) local control does allow for a program more directed to local needs.

V. Major Alternatives to Existing Program Administration

Our review of this matter included an indepth look at the alternatives to present program administration. From a variety of options considered, the two discussed below appear to be the most viable alternatives to creation of a new department.

A. Return Program Administration to the State

Return of County licensing programs to the State would entail the Board giving appropriate notices of intent and exercising termination clauses, incorporated in separate contracts with the State. The most persuasive argument for this action is an estimated \$1.5 million reduction in County costs and elimination of 277.5 budgeted positions.

We are not recommending this option since the pivotal issue of Board concern, adequate out-of-home care, would not be addressed. Further, removal of these programs would leave the Board with continuing public pressures to improve services and no local authority to effect change.

B. Strengthen Programs in Existing Departments

A series of actions have been completed and other are in process by involved departments to strengthen their licensing enforcement activities. While these actions will measurably improve existing program administration, I do not believe the larger and more serious issues will be resolved. Those issues include the matters of continuing, close direction by top management and interdepartmental communication and coordination. For this reason, I do not see a permanent solution being achieved from actions to strengthen these programs where presently located.

THE HISTORY OF THE UNITED STATES

The history of the United States is a story of growth and development. It is a story of a people who have built a great nation from a small colony. The story begins in 1492 when Christopher Columbus discovered the New World. From that time on, the United States has been a land of opportunity and freedom.

The United States has a long and rich history. It is a land of many different people and cultures. The United States has been a leader in the world for many years. It has fought many wars and has won many battles. The United States has been a land of freedom and opportunity for many people. The United States has been a land of hope and dreams for many people.

THE UNITED STATES IN THE WORLD

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VI. Feasibility of a Consolidated Licensing Program

From our analysis of this matter, we found no legal, fiscal, or program difficulties that would preclude the creation of a County Health Facilities and Community Care Licensing Department.

A. Legal Implications

Current statutes designate total authority to the State for the licensing and monitoring of all out-of-home care facilities. The County is involved with the administration of selected programs only as a delegate agent of the State. A similar situation exists with Medi-Cal/Medi-Care certifications performed by the Health Facilities Division of Health Services and the State and Federal Governments, respectively. Accordingly, with State/Federal approval, the administration of these programs may be re-organized as proposed.

B. Program Compatibility

Attachment B outlines a brief program statement on each of the twenty-one out-of-home care licensing programs managed by the County. Operating under separate State/Federal requirements, and focusing on different types of facilities and target populations, a surface review reveals little similarity between these programs. However, through our analysis of these programs we identified six major functions, with twenty-seven supporting activities that cover the basic licensing and monitoring activities of these programs. The licensing units of DPSS and Health Services, the prime contract agents, are involved in 100% of the major activities. Health Services is engaged in 92% and DPSS 85% of the supporting activities. (See Summary Program Analysis--Attachment C.)

These relationships are interpreted to mean that the twenty-one different licensing programs operated by the County entail the same basic types of health, safety, sanitation, and personal care monitoring and are similar enough to operate effectively under one central authority.

C. Fiscal Implications

No areas of potential revenue loss were identified through our analysis. DPSS licensing programs are funded from Title XX Federal Social Services revenues. These programs and associated revenue will be shifted to the consolidated department.

VI. Feasibility of a Comprehensive Program of Training

From the standpoint of the Government, the training of personnel is a major responsibility and should be given the highest priority. The Government should be responsible for the training of personnel in the various fields of the economy.

A. General Considerations

There is a serious shortage of personnel in the various fields of the economy. This shortage is due to a number of factors, including the lack of training facilities, the lack of trained personnel, and the lack of incentives for personnel to enter the various fields of the economy. The Government should take steps to address these factors and to ensure that there is a sufficient supply of trained personnel to meet the needs of the economy.

B. Training Facilities

There is a serious shortage of training facilities in the various fields of the economy. This shortage is due to a number of factors, including the lack of funds, the lack of trained personnel, and the lack of incentives for personnel to enter the various fields of the economy. The Government should take steps to address these factors and to ensure that there is a sufficient supply of training facilities to meet the needs of the economy.

C. Financial Considerations

There is a serious shortage of funds in the various fields of the economy. This shortage is due to a number of factors, including the lack of funds, the lack of trained personnel, and the lack of incentives for personnel to enter the various fields of the economy. The Government should take steps to address these factors and to ensure that there is a sufficient supply of funds to meet the needs of the economy.

Reimbursement revenues for health facilities licensing and Medi-Care/Medi-Cal certifications now received by Health Services, will be redirected to the new department as the prime contract agent.

We anticipate no increase in current County cost levels, since staff and funding currently budgeted in DPSS and Health Services for these programs will be transferred to the new department. This includes sufficient position and dollar offsets to cover centralized management and administrative support services.

VIII. Proposed Organization

Consolidation of County licensing programs represents a major program adjustment. To minimize attendant problems, we are proposing that initially organizational units handling these activities be brought together, intact, under one central administrative structure. Beyond facilitating the proposed consolidation, this approach will allow the new director an opportunity to structure the department along lines that are best suited to his management techniques.

While the primary focus of this proposal is a consolidated out-of-home care licensing program, two related non-licensing activities are included. The Environmental Management Services Unit of Health Services inspects and issues health licenses to out-of-home care facilities and other types of related establishments. Covering structural, safety, sanitation and occupancy, this certification is an essential requisite to licensing. Accordingly, that element of the Environmental Management Services program that involves out-of-home care facilities is included in our proposals. This will minimize coordination problems and allow for uniform enforcement standards. Annual costs associated with this program amount to \$.3 million, and involve 18 personnel.

Implementation of this element of our proposals may require approval of incorporated cities where this activity is currently performed. The County Health Officer conducts these sanitation inspections in incorporated cities only with their concurrence as provided by statute. Since our recommendations will shift this function to a new department, existing agreements with involved cities may become invalid. Accordingly, our implementation plan will weigh the problems associated with retaining this element of the reorganization against benefits to be derived.

The following information was obtained from the records of the Department of the Interior, Bureau of Land Management, and the Bureau of Reclamation, and is being furnished to you for your information.

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Summary of Findings

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The DPSS Child Care Institutions Evaluation Unit monitors the suitability of State licensed child care institutions for placement of children under the charge of DPSS. Findings of this unit are binding on DPSS staff, and is informational to Probation and Adoptions Departments. We propose to use this unit of seven personnel to form the core of a specialized unit to survey the same facilities for compliance with County operational standards for child care institutions under development by the Commission on Children's Institutions. Findings from their surveillances will then apply to all County departments and eliminate existing conflicts between placing departments over the suitability of specific establishments.

In September 1975, the Board authorized the computerization and transfer of the nursing home element of the DPSS Central Registry information/referral program to Health Services. Implemented in September 1976, the new system provides more timely and comprehensive data on nursing homes.

We propose to include the automated program as a major element of the recommended department. Further, we envision the public relations activities of the Central Registry activity being expanded along the following lines:

- Development and distribution of informational pamphlets on available services for County-wide distribution.
- Timely press releases on nursing homes, child care institutions, and other out-of-home care facilities.
- Expanded out-reach programs intended to get more comprehensive and accurate information to the public on out-of-home care facilities.

With a strengthened information and referral program, we propose to develop a more cooperative working relationship with L. A. City and other public and private agencies involved with similar programs.

Private facilities licensed by the new department will continue to be used by DPSS, Probation, Adoptions, Health Services and Public Guardian for placement of persons under their charge. To ensure that these departments receive timely information on regulatory changes and other matters of mutual concern, a permanent interdepartmental coordinating committee will be established within the new department. Chaired by the Assistant Director and consisting of key program managers from the above departments, the Committee will meet at least monthly. Beyond informational matters, this committee will assist in the formulation of policy recommendations to the Board on the direction of County licensing programs.

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FT= Full Time
DC= Day Care

LICENSING AND INSPECTION PROGRAMS

<u>Department</u>	<u>Program Title</u>	<u>Program Description</u>	<u>No. Facilities</u>	<u>No. Beds/ (Capacity)</u>
DPSS	(FT) Foster Homes	24 hour residential care (6 children)	4758	*
	(FT) Special Boarding Homes	24 hour residential care (7-15 children)	3	*
	Parent-Child Boarding Homes	Accommodations for parents with children. Child care while parents are working, in school, etc. (4 family units - to 6 children).	35	*
	Family Day Care Homes	Day care for children (5 children--infancy to 7, 6 children--3-18 yrs. old)	3243	*
	Special Day Care Homes	Day care for children (7-10 children--ages 3-18)	33	*
	Residential Care Homes	24 hour residential care for adults ages 18-64.	1020	*
Health Services	Skilled Nursing Facilities	Care for persons requiring 24-hour nursing services	433	40,329

<u>Department</u>	<u>Program Title</u>	<u>Program Description</u>	<u>No. Facilities</u>	<u>No. Beds</u>
Health Services	Intermediate Care Facilities	Care for persons requiring less than 24 hour nursing care	9	307
	General Acute Care Hospitals	Care for persons requiring 24 hour acute medical care	172	29,457
	Acute Psychiatric Hospitals	Care for persons requiring 24 hour psychiatric care	28	2,968
	Home Health Agencies		26	*
	Outpatient Clinics	Ambulatory medical care services	49	*
	Employer Clinics		3	*
	Employee Clinics		1	*
	Community Clinics	Community based ambulatory medical care-services	101	*
	Teaching and Research Clinics		1	*
<u>HEALTH CERTIFICATION PROGRAM</u>				
Environmental Management Services				
	Children's Inst. (Foster Homes-7 or more child., Group Homes, Boarding Homes for Child.)	24 hour care for children infancy to 18 years old	168	*
	Day Care	Day care for children (if any, pre-school, extended day care)	1,420	*

FT= Full Time
DC= Day Care

<u>Department</u>	<u>Program Title</u>	<u>Program Description</u>	<u>No. Facilities</u>	<u>No. Beds</u>
	Community Care Facilities (Mental)	24 hour and day care for emotionally or developmentally disabled adults	175	*
	Boarding Homes. (aged and non-aged)	24 hour care for aged and non-aged	1,256	*
	Halfway Houses (Social Rehabilitation Centers)	Day care/24 hour care (rehabilitation) for adults		
	Vendor Hotels	Housing for persons on general relief	60	*

* Data not available

ACTIVITY COMPONENT	HEALTH SERVICES											
	Health Fac. Lic.		Environ. Managt.		DPSS		PROBATION		ADOPTION		TOTAL	
	SA	MA	SA	MA	SA	MA	SA	MA	SA	MA	SA	MA
1. <u>Care and Supervision</u>		X		-		X		X		X		4
- Health Care (MD)	X		-		-		-		-		1	
- Nursing Care	X		-		-		-		-		1	
- Personal Care	X		-		X		X		-		3	
- Personal Sup.	X		-		X		X		X		4	
- Dietary	X		-		X		-		-		2	
2. <u>Facility Safety</u>		X		X		X		-		X	11	4
- Fire	X		-		X		-		-		2	
- Structural	X		X		X		-		-		3	
- Equipment	X		X		X		-		X		4	
- Hazards	X		X		X		-		X		4	
3. <u>Sanitation</u>		X		X		X		X		X	13	5
- Kitchen	X		X		X		X		-		4	
- Restrooms	X		X		X		X		-		4	
- Living Quarters	X		X		X		X		X		5	
- Pests	X		X		X		-		-		3	
4. <u>Special Programs/Ser.</u>		X		-		X		-		-	16	2
- Medical	X		-		X		-		-		2	
- Physical Rehab.	X		-		-		-		-		1	
- Social Work	X		-		X		-		-		2	
- Educational	X		-		-		-		-		1	
- Psychological	X		-		X		-		-		2	
5. <u>Background Clearance</u>		X		X		X		X		X	8	5
- Criminal Records	X		-		X		X		X		4	
- Training	X		-		X		X		X		4	
- Capacity/Attitudes	-		-		X		X		-		2	
- No. of Occupants	X		X		X		X		-		4	
6. <u>Facility Administration</u>		X		-		X		-		-	14	2
- Records	X		-		X		-		-		2	
- Financial Stability	X		-		X		-		-		2	
- Staffing	X		-		X		-		-		2	
- Accounting Practices	X		-		X		-		-		2	
- Reporting	-		-		X		-		-		1	
	92%	100%	29%	50%	85%	100%	33%	50%	22%	66%	55%	73%

*SA - Sub-activity area
MA - Major activity area

HEALTH FACILITIES - COMMUNITY CARE
LICENSING DEPARTMENT

Director

INTERDEPARTMENTAL COORDINATING COMMITTEES

Assistant Director

COMMUNITY CARE LICENSING

Program Plan/Special Services
Foster Home Licensing
Special Boarding Homes Licensing
Parent-Child Boarding Home Licensing
Family Day Care Home Licensing
Special Day Care Home Licensing
Residential Care Home (Family) Licensing
Residential Care Home (Small) Licensing

HEALTH FACILITIES LICENSING

Skilled Nursing Home Licensing
Interm. Care Fac. Licensing
General Acute Care Hosp. Licensing
Acute Psych. Hosp. Licensing
Home Health Agencies Licensing
Outpatient Clinic Licensing
Medi-Care/Medi-Cal Certifications
Consultant Services
Program Coordination

CENTRAL REGISTRY

• Information Referral Re:
Board and Care Home
Foster Homes
Day Care Homes
Skilled Nursing Homes
Child Care Institutions
• Child Care Institution
• Evaluation Unit

ADMINISTRATIVE SERVICES

Personnel
Accounting
General Services
Budget/Expend. Control
Management Services
Statistical Reporting

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